

Acromioclavicular (AC) Joint Injury

Summary Points to Remember

- Wear the sling for **2 weeks**
- Lifting restrictions for **3 weeks** – maximum 250 grams
- Do not drive for **3 weeks**

Virtual Fracture Clinic

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

A Specialist Orthopaedic Surgeon will review your case, then a staff member will contact you by telephone to discuss your management plan.

Your diagnosis is: Acromioclavicular joint injury

The acromioclavicular (AC) joint is where the clavicle (collarbone) meets the acromion (the bone on the top of the shoulder blade). The joint is held stable by ligaments and a joint capsule.

A dislocation means that one or more of the ligaments have been damaged. An AC joint dislocation is graded according to which structures are damaged:

Grade 1: A sprain or tear of the joint capsule

Grade 2: A sprain or tear of the capsule plus the acromioclavicular (AC) ligament

Grade 3: A tear of the coraco-clavicular ligaments (conoid and trapezoid) as well as AC ligament.

AC joint dislocations are common and often occur from a fall onto the point of the shoulder or fall onto an outstretched hand.

Early Management: 0-72 hours after the injury

It is normal for your shoulder to become bruised and swollen. This will settle over a few weeks. The following guidelines can help to minimise swelling and pain:

Rest

For the first few days and avoid any activity that increases your pain

Ice

Ice the shoulder for **20 minutes every 1-2 hours**. Use an ice pack or a bag of frozen vegetables (do not place ice directly on the skin). Continue this for **3 to 7 days** after your injury.



Sling:

- Wear your sling to support the arm for **2 weeks**
- Your hand should be slightly higher than your elbow in the sling
- The sling can be removed for showers and sleeping when comfortable



Lifting:

- For the first **3 weeks** you should not lift objects heavier than the weight of a cup of tea or mobile phone (**250 grams**)
- From **week 3-6** you should lift no more than **5 kilograms** with your injured arm

Medication:

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your medication options.

Smoking:

Research shows that smoking increases the risk of poor healing in fractures.

Stopping smoking will improve the chance of a good outcome.

For further information on quitting smoking visit www.quitnow.gov.au or speak with your GP.

Rehabilitation: After 48-72 hours

Exercises:

Perform the following exercises **4 times a day**

- Shoulder shrugs – Lift your shoulders up towards your ears and then slowly relax - repeat 10 times



- Shoulder retraction – squeeze your shoulder blades together. Hold for 5 seconds then slowly relax – Repeat 10 times



- Hand and wrist exercises

- Open and close your hand – repeat 10 times

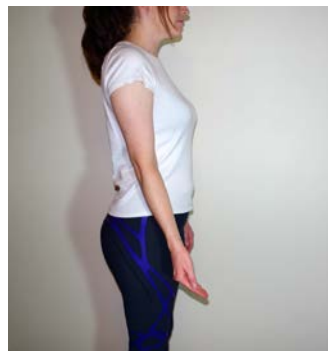
Progression: Hold a soft ball/ball of socks. Squeeze and relax – repeat 10 -15 times



- Move your wrist up and down – repeat 10-15 times



- Elbow bend and straighten – bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other hand to help if necessary. Do not push into pain – repeat 10-15 times

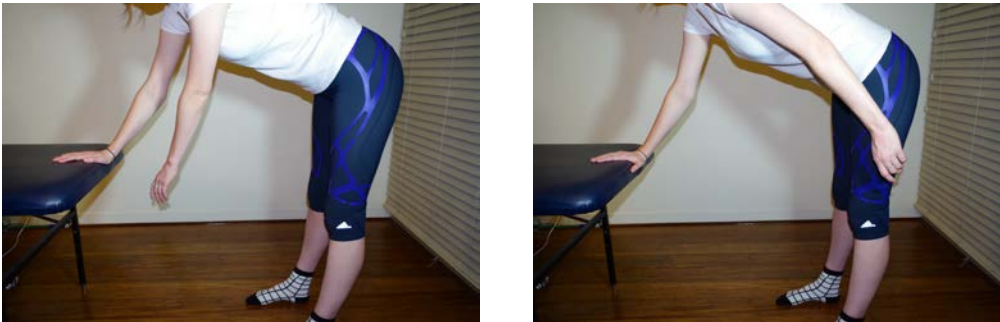


- **Forearm rotations** – with your elbow bent to 90 degrees by your side, rotate your palm up and down so you feel a mild to moderate stretch – repeat 10-15 times

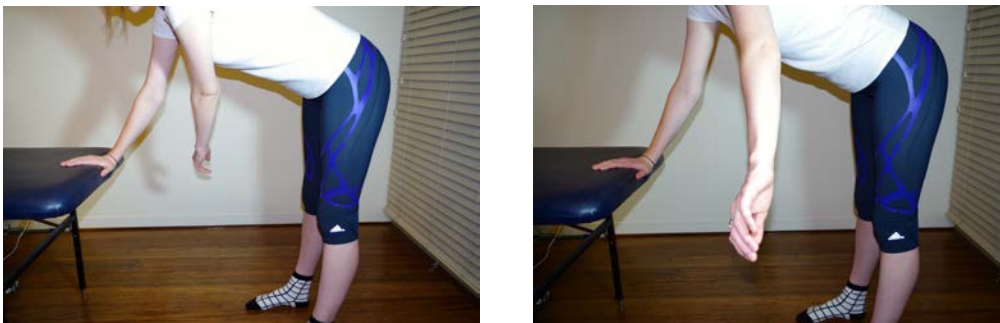


After 1-2 weeks start shoulder pendulum exercises

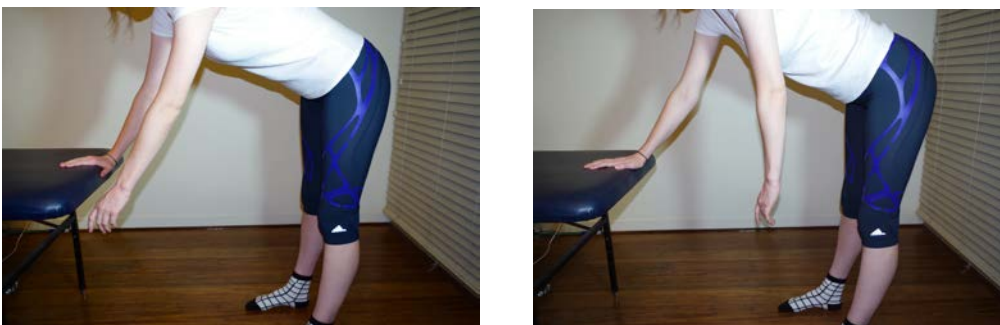
- Lean forward supporting yourself with the other hand. Relax your injured arm and let it hang down. Gently swing the arm:
 - In circles - Repeat 10 times each direction



- Side to side - Repeat 10 times each direction



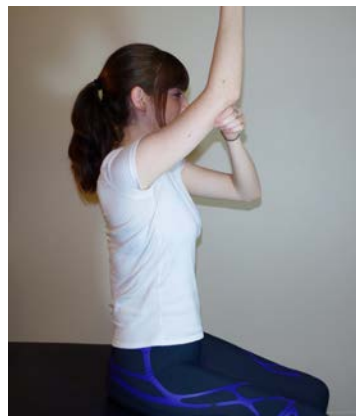
- Front and back - Repeat 10 times each direction



- Supine shoulder flexion – lay on your back. Use your other hand to lift your arm up off your chest – repeat 10-15 times



- Shoulder flexion – Use your other hand to lift your arm up to the front – repeat 10-15 times



- Assisted shoulder external rotations – Keep the elbow of your injured arm tucked into your side. Hold on to an umbrella / stick / broom handle and use this to push the injured hand outwards until you feel a mild to moderate stretch. Hold for 5 seconds - repeat 10 times



Physiotherapy:

Physiotherapy is important after an Acromioclavicular joint injury to strengthen the shoulder.

- Speak with your local doctor (GP) about physiotherapy options in your area **or**;
- Contact the Virtual Fracture Clinic to arrange physiotherapy at the hospital (Medicare bulk billed)

Expected return to daily activities

It is important to note that different people recover from injuries at different rates.

Driving:

You can return to driving **3 weeks** following your injury, provided your arm strength is restored and you are able to lift your arm without pain.

Return to work:

The amount of time you will need off work relates to the severity of your injury and your work requirements.

Discuss your return to work plan with your local doctor and employer.

As a guide:

- Manual workers - If you need to climb ladders or do repetitive lifting it may take **6-10 weeks** to return to normal duties.
- Desk workers - you can return as soon as your pain allows.

Return to sport:

It is recommended that you see a physiotherapist for a guided return to sport program.

Longer term recovery and expectations

Most people return to their regular activity levels within 3 months of the injury. Occasionally they have ongoing shoulder stiffness.

Patients who still have significant problems 3-6 months following their injury despite rehabilitation may need to see an orthopaedic specialist. Discuss with your local doctor.

When to contact the Virtual Fracture Clinic

- **If you have not heard from us TWO working days after your Emergency Department visit**
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- If you notice increasing pain without a cause after it was improving
- If you notice major numbness, pins and needles, or changes in circulation in your arm, hand or fingers
- If your symptoms are still bad after 6 weeks

This brochure provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it

This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at The Royal Melbourne Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again.

If you have any questions or concerns please contact the
Virtual Fracture Clinic

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